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Bib Data Sheet

CONFIRMATION NO. 1994

SERIAL NUMBER 09/897,295	FILING DATE 06/29/2001 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. ACS-56001 (26361)
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** CONTINUING DATA ***** *TKM*** FOREIGN APPLICATIONS ***** *TKM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>TKM</i> Initials			

ADDRESS

24201

TITLE

Delivery and recovery sheaths for medical devices

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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